



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
124 Halsey Street, 6th Floor, P.O. Box 45007
Newark, New Jersey 07101
(973) 504-6415

**Documentation of Experience for
Marriage and Family Therapy Experience Only**

Please print clearly.

Directions: This form is to be filled out by the applicant and verified by a qualified supervisor. A separate form must be used for each setting and/or each time period in which supervised experience took place.

1. Name of applicant: _____ Supervision setting number: _____

2. (Check the appropriate box)

☐ Have you submitted these hours to the Board before?

If so, indicate the date of submission: _____

☐ Supervised experience **after** the date of application

3. (Check the appropriate box)

☐ Supervised experience **prior** to receiving a qualifying degree/certificate

☐ Supervised experience **after** receiving a qualifying degree/certificate

4. The requirements for supervised experience in marriage and family therapy are as follows:

- (1) A minimum of two of the three required years of counseling experience, which consists of 3,000 hours and must occur after the applicant has earned a qualifying degree and/or certificate set forth in N.J.A.C. 13:34-4.3;
 - (a) for the required marriage and family counseling experience, client contact must total a minimum of 2,000 hours;
 - (b) for the required marriage and family counseling experience, face-to-face supervision must total a minimum of 400 hours, of which no more than 200 hours may be group supervision; and
 - (c) the remainder of the hours must be in activities which are directly related to the delivery of professional marriage and family therapy services (examples: recordkeeping, consultations, report writing, etc.).

Name of supervisor (please print): _____

(Please check the category which is applicable.)

- ☐ Five years of full-time professional marriage and family therapy practice experience or the equivalent as a New Jersey licensed Marriage and Family Therapist according to N.J.S.A. 45:8B-18(b).
- ☐ Five years of full-time professional marriage and family therapy practice experience and having obtained a master's degree in marriage and family therapy or a master's degree in social work from an accredited institution.
- ☐ Five years of full-time professional marriage and family therapy practice experience and having obtained a degree that meets the educational requirements for a Marriage and Family Therapist according to N.J.S.A. 45:8B-18 (a) and (b).

Please enclose a curriculum vitae of the supervisor clearly documenting the degree held, the date the degree was conferred, and at least five years of full-time professional marriage and family therapy practice experience.

5. Name and location of the setting in which applicant's supervised experience took place:

6. Type of setting: ☐ Non-Profit (bona fide community agency)
☐ For-Profit organization

7. Inclusive dates of supervision:

(a) From (month/day/year) _____ to (month/day/year) _____

8. Description of the applicant's activities and responsibilities (use additional sheets of paper if necessary):

9. Number of hours in direct client contact: _____

10. Number of hours in face-to-face supervision: _____

11. Number of hours in group supervision: _____

12. Number of hours in other related activities: _____

13. Total number of hours (add numbers 9 through 12 above) _____

Signature of applicant: _____ Date: _____

Signature of supervisor: _____ Date: _____

*** This form may be duplicated.**